

TOWN OF BEAUX ARTS VILLAGE
BUILDING DEPARTMENT



10550 SE 27th Street
Beaux Arts Village, WA 98004
425.454.8580 Fax 425.688.1786
email: bldgdept@beauxarts-wa.gov
Inspections: 425.637.3693 ext. 148

The correct number of permit
application documents pertinent
to this project have been included
in this submittal

x _____
(Applicant Initials)

PERMIT NO. M _____

ACCEPTED _____ DATE _____

APPROVED _____ DATE _____

ISSUED _____ DATE _____

BLDG PRMT NO. _____ DATE _____

APPLICATION FOR PLAN REVIEW AND/OR MECHANICAL PERMIT

PROPERTY ADDRESS _____ ZONING _____

PROPERTY OWNER _____ PHONE _____

ADDRESS _____ ZIP CODE _____

OWNER'S AGENT _____ PHONE _____

ADDRESS _____ ZIP CODE _____

ARCH./DESIGNER _____ PHONE _____

ADDRESS _____ ZIP CODE _____

CONTRACTOR NAME _____ ZIP CODE _____

ADDRESS _____ ZIP CODE _____

LICENSE NO. _____ EXPIRES _____ TAX NO. _____

PROPERTY LEGAL DESCRIPTION

ASSESSOR'S PARCEL NO. _____ - _____

(Attach separate legal description, if necessary)

FUEL TYPE	IMPROVEMENT TYPE	EQUIPMENT TYPE
<input type="checkbox"/> ELECTRIC, excl Heat Pumps	<input type="checkbox"/> NEW CONSTRUCTION	<input type="checkbox"/> FURNACE
<input type="checkbox"/> GAS	<input type="checkbox"/> ADDITION	<input type="checkbox"/> CENTRAL AIR CONDITIONING
<input type="checkbox"/> OIL	<input type="checkbox"/> ALTERATION	<input type="checkbox"/> HYDRONIC BOILER
<input type="checkbox"/> WOOD	<input type="checkbox"/> REPLACEMENT	<input type="checkbox"/> WATER HEATER
<input type="checkbox"/> PROPANE	<input type="checkbox"/> REPAIR	<input type="checkbox"/> POOL/SPA
<input type="checkbox"/> HEAT PUMPS	<input type="checkbox"/> RELOCATION	<input type="checkbox"/> DEHUMIDIFICATION SYSTEM
<input type="checkbox"/> OTHER: Specify:	<input type="checkbox"/> RECONSTRUCTION	<input type="checkbox"/> OTHER: Specify
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ESTIMATED FAIR-MARKET
VALUE OF PROJECT \$ _____

IS WORK WITHIN 200 FEET OF
LAKE WASHINGTON HIGH WATER LINE? YES NO

I certify under penalty of perjury that I am the owner of the above described property or the duly authorized agent of the owner(s) acting on behalf of the owner(s) and that all information furnished in support of this permit application is true and correct. I further certify that all applicable Federal, state, county, and Town of Beaux Arts Village requirements for the work authorized by this permit will be met.

SIGNATURE _____ OWNER AGENT DATE _____

This section to be completed by Town staff:

BLDG DEPT VALUATION \$ _____

RECEIPT NO. _____

PLAN REVIEW FEE \$ _____

PLAN REVIEW DEPOSIT _____

BALANCE DUE _____

RECEIPT NO. _____

PERMIT FEE \$ 50.00

TOTAL DUE AT ISSUE _____